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Title: Mental health amongst health care workers in the era of COVID-19 in Kenya

The month of May, 2020 was the mental awareness month, a time to reflect on the mental issues surrounding us but it slid past us in silence because of the COVID pandemic, yet it could be the biggest contributor to the burden of mental illness in this period.

Mental disease is a silent pandemic as compared to the COVID-19 pandemic and with [Kenya being one of the countries that do not have a separate budget for mental health](#), maybe this pandemic should take us to this reality and re-think. The [parliamentary committee, in their assessment of National Hospitals in 2019](#), noted that the only National Mental Hospital in Kenya is grossly underfunded and the human resource so constrained to meet the ever-growing demand. Lack of its representation at Mid Term Expenditure Framework or any budgetary high-level meeting contributes to its ever-growing challenges, the end result being unmet mental health needs. The overall health of a person starts with the mind.

Data shows that [mental disease and suicidal rates are on the rise among the general population and even higher among health workers](#) with depression ranking 4th among [top ten causes of years lived with disability](#). In Kenya, the data is under-reported, yet we get various forms of mental illness from suicide, alcohol and substance abuse, depression and many others in our day to day practice. How many of these are health care workers? Are they self-medicating and disguising because of the stigma surrounding and associated with mental health?

[As of 2017 WHO reported 92 total number of mental health professionals in Kenya both in government private institutions with only 4 child psychiatrists](#). This translated to 0.19 per 100,000 population and with only 1 comprehensive mental hospital in the country. Even so, most of these are concentrated in cities and teaching hospitals leaving the rural population vulnerable. This means that mental health needs of the population remain unmet. Medical personnel are viewed by the public as super human beings and are expected to bring solutions even when there are none. They are not expected to fall sick, have a sick relative, feel tired nor even feel overwhelmed. They are expected to show up to work and empathize with their patients despite the burden they carry in their hearts. Due to low patient numbers which drive revenue especially in private hospitals, doctors in private hospitals have had to take pay cuts and yet they still come to work and risk contracting COVID-19 and probably they are not able to meet all their financial obligations now, just like everybody else affected by the pandemic.

In Wuhan China, some of the [mental disorders identified among healthcare workers during this pandemic were stress, anxiety, depressive symptoms, insomnia, denial, anger and fear](#). The situation is the same in Kenya. Because of the already existing shortage of healthcare workers, most hospitals had to cancel leave days in preparation for anticipated surges due to the pandemic. Healthcare workers have burnouts and constantly live in fear of being infected and/or transmitting the virus to their families and even dying from it since no one is

immune to the virus.

The inconsistent supply of PPE's is a common occurrence leaving the health worker in more worry of not being adequately protected. The stigma surrounding COVID-19 is far reaching within and without the hospital. What we observe is even our own colleagues stigmatizing health care workers in the front line, for example the medics working in emergency departments, since they are the first contacts of those patients. Quarantine and isolation of suspected patients or positive COVID-19 patients and especially the asymptomatic patients have elicited a lot of anger and psychological trauma in those centers and once again the healthcare worker, in addition to the actual care he/she is expected to give, has to also deal with such emerging psychological issues.

The pandemic has separated families for fear of healthcare workers transmitting the virus to their families. The interactions within the family setting is not the same. For those who have sent their children away, they go back home into empty houses. For those who chose to have their children around, no more hugs, no more good night kisses, no more sharing of meals together and wearing of masks at home is becoming a new norm. The children are equally affected by these new norms. This leaves the healthcare worker vulnerable to psychological injury.

The rigorous training partly prepared them for this but doesn't do away with the fact that they are still human. We keep the memories of the patients we lose for a while. In this pandemic, in an effort to limit spread, hospitals significantly reduced relatives and guardians visiting patients and the healthcare workers take their place, we have to be there for patients even in their last moments of dying without their own. This adds to the psychological trauma now with the mortality rates increasing by the day.

One of the biggest gains of this pandemic will be streamlining the mental health policies, [which are already drafted](#), and call to action on their actual implementation. It is time to think of psychological support structures incorporated into our hospitals. We need to build a stronger work force who can then better take care of our patients.